

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1														
2								51							
3								52							
4								53							
5								54							
6								55							
7								56							
8								57							
9								58							
10								59							
11								60							
12								61							
13								62							
14								63							
15								64							
16								65							
17								66							
18								67							
19								68							
20								69							
21								70							
22								71							
23								72							
24	1							73							
25								74							
26								75							
27								76							
28								77							
29								78							
30								79							
31								80							
32								81							
33								82							
34								83							
35								84							
36								85							
37								86							
38								87							
39		5						88							
40								89							
41								90							
42								91	1						
43								92		1					
44								93							
45								94							
46								95							
47								96							
48								97							
49								98							
50								99							
								100							
TOTAL IND.								TOTAL IND.	3						
TOTAL DEP.								TOTAL DEP.	93						
TOTAL CLAIMS								TOTAL CLAIMS	96						